



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 AUG -4 AM 9:02

(Instructions on back of application)

1. The name of the professional limited liability company is:

 Clarity Counseling *PLLC*

2. The complete street and mailing addresses of the initial designated office:

4883 W. Malad St. Ste B Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Alisa J Noleen

(Name)

4883 W. Malad St Ste B Boise, ID 83705

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name
Address

Alisa J Noleen

4883 W. Malad St Ste B Boise ID 83705

5. Mailing address for future correspondence (annual report notices):

4883 W. Malad St Ste B Boise ID 83705

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Psychology

Signature of a manager, member or authorized person.

 Signature *Alisa J Noleen* 7/31/14

 Typed Name: Alisa J Noleen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/04/2014 05:00

CK:2084 CT:299743 BH:1435993

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